Inmate Name:	SERVICES	P/S Floor_	Oell A
XRay \$10.00 Lab \$10.00	DentistVisit 1000	Date	Nurse Visit \$10.00 Prescription \$3.60
Nursing Staff Signature	<b>Many</b>	Date	THEILE
White Original: Medical File	Yellow Copy: Accounts Ma	anager	Pink Copy: Inmate
Montgomery County Detentio	II Facility		
IMPRESENTATION		Floor_	_ <del>2}}</del> Cell
Booking No.	SERVICES  *Doctor Visit \$10.00		Nurse Visitationi V Prescription: 49.09
CHIP TO			Nurse Visit Number